

Exhibit 9: Paid Claims Data Reporting

MINIMUM REPOSITORY DATA LOADING REQUIREMENTS

Exhibit 9 – Nonsubsidized BH 2010 Paid Claims Data Instructions	
<i>All data tables must be sent as delimited text files</i>	
	Prefer all ("Paid", "Denied", etc.) claims and service line detail information.
Required	- Claim ID (unique claim identifier)
Required	- Claim or Service Line Number
Required	- Member ID (or Patient ID)
Required	- Claim Status (overall claim status <i>and</i> claim service line status)
Required	- Form Type (for example: UB92, HCFA, ADA, Drug, etc.)
	- Encounter Type (identifies whether capitated or statistical claim)
Required	- Billing Provider ID
Required	- Attending Provider ID
	- Referring Provider ID
	- Admitting Provider ID
Required	- Admit Date (for hospital claims)
Required	- Discharge Date (for hospital claims)
Required	- Service From Date
	- Service To Date
	- Length of Stay (for inpatient claims)
Required	- Service Units (Quantity)
Required	- DRG (for inpatient claims)
Required	- Primary ICD-9 Diagnosis Code
	- Additional ICD-9 Diagnosis Codes (up to 5 additional codes, if available)
	- ICD-9 Procedure Code (up to 8, if available)
Required	- Hospital Revenue Codes
Required	- Procedure Code (CPT-4, HCPCS, NDC as applicable for each service line)
Required	- Procedure Code Modifier (as applicable)
Required	- Place of Service
Required	- Billed Amount
	- Discount Amount
	- Disallowed Amount
Required	- Allowed Amount
Required	- COB/TPL Payment Amount
Required	- Copayment Amount
Required	- Coinsurance Amount
Required	- Deductible Amount
	- Withhold Amount
Required	- Paid Amount
Required	- Claim Paid/Check Date (for paid claims)
Required	- Claim Received Date
Required	- Claim Entry Date
Required	- Service Post Date (for paid or denied claims)

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	Claims Data
	- Discharge Status
	- Admit Type
	- Admit Source
	- Claim Adjudication Code
	- PCP Provider ID
	Pharmacy Claims
	Prefer all ("Paid", "Suspended", "Pended", "Denied", etc.) claims and service line detail information.
Required	- Claim ID (unique claim identifier)
	- Claim or Service Line Number (if available)
Required	- Member ID (or Patient ID)
Required	- Prescription Fill Date
Required	- National Drug Code (NDC)
Required	- Paid Date
Required	- Number of Scripts
	- New / Refill Code
	- Days Supply
Required	- Billed Amount
Required	- Allowed Amount
	- COB/TPL Payment Amount
Required	- Copayment Amount
	- Coinsurance Amount
	- Deductible Amount
	- Withhold Amount
Required	- Paid Amount
	- Ingredient Cost
	- Dispensing Fee
	- Dispense as Written (DAW) Code
	- Drug Type (i.e., OTC, SSB, MSB, Generic)
	- Formulary Flag
	Eligibility
	Include all eligibility <i>events</i> (such as change in: effective or termination date)
Required	- Member ID or Patient ID (for matching to Claim)
Required	- Relationship to Subscriber (for example: self, spouse, dependent)
Required	- Subscriber ID
Required	- Gender
Required	- Birth date

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	- Member Name
	- Member Address
	- PCP ID (if applicable)
Required	- Member Effective Date (beginning of coverage event)
Required	- Member Termination Date (end of coverage event, if applicable)

	Reference Table Requests
Required	- Provider Specialty Codes Table
	- Claim Status Codes Table
	- Claims Adjudication Codes Table
Required	- Provider Table